

United States Bankruptcy Court Northern District of Illinois Eastern Division				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>Pierce, Gregory E</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>1564</b>		Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):			
Street Address of Debtor (No. & Street, City, and State): <b>717 Tipperary Schaumburg, IL</b>		Street Address of Joint Debtor (No. & Street, City, and State):			
ZIP CODE <b>60193</b>		ZIP CODE			
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address): <b>490 Bennett Road Elk Grove Village, IL</b>		Mailing Address of Joint Debtor (if different from street address):			
ZIP CODE <b>60007</b>		ZIP CODE			
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE			
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____  <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check <b>one</b> box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b>  <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b>  <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- <b>Check all applicable boxes</b>  <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors 1- 50- 100- 200- 1,000- 5,001- 10,001- 25,001- 50,001- Over 49 99 199 999 5,000 10,000 25,000 50,000 100,000 100,000 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$10,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million					

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Gregory E Pierce</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Signature of Attorney for Debtor(s)</span> <span><b>9/28/2007</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span><b>Jonathan G. Anderson</b></span> <span><b>03128613</b></span> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).  <div style="text-align: right; margin-right: 100px;">                 _____                  (Name of landlord that obtained judgment)             </div> <div style="text-align: right; margin-right: 100px;">                 _____                  (Address of landlord)             </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Gregory E Pierce**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X s/ Gregory E Pierce**

Signature of Debtor **Gregory E Pierce**

**X Not Applicable**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**9/28/2007**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X Not Applicable**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Attorney**

**X**

Signature of Attorney for Debtor(s)

**Jonathan G. Anderson, 03128613**

Printed Name of Attorney for Debtor(s) / Bar No.

**Anderson & Associates, P.C.**

Firm Name

**1701 E. Woodfield Road, Suite 1050 Schaumburg, IL 60173**

Address

**(847) 995-9999**

Telephone Number

**(847) 995-0117**

**9/28/2007**

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparer, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

**Not Applicable**

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number(If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. 110.)

Address

**X Not Applicable**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X Not Applicable**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**  
**Eastern Division**

In re: **Gregory E Pierce**  
Debtor

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

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**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: s/ Gregory E Pierce  
Gregory E Pierce

Date: 9/28/2007

FORM B6A  
(10/05)

In re: Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total			0.00	

(Report also on Summary of Schedules.)

FormB6B  
(10/05)

In re **Gregory E Pierce**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		<b>cash on hand</b>		<b>500.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Chase checking account</b>		<b>124.73</b>
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Chase Savings Account</b>		<b>315.06</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>ordinary household goods and furnishings</b>		<b>500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>used clothing</b>		<b>300.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			

Form B6B-Cont.  
(10/05)

In re **Gregory E Pierce**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1992 Honda Civic (150k)</b>		<b>1,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			



Form B6B-Cont.  
(10/05)

In re **Gregory E Pierce**  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.		<b>Tools</b>		<b>300.00</b>
<div style="display: flex; justify-content: space-between;"> <span><u>2</u> continuation sheets attached</span> <span>Total &gt;</span> </div>				<b>\$ 3,039.79</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Official Form 6C (04/07)

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
1992 Honda Civic (150k)	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
cash on hand	735 ILCS 5/12-1001(b)	500.00	500.00
Chase checking account	735 ILCS 5/12-1001(b)	124.73	124.73
Chase Savings Account	735 ILCS 5/12-1001(b)	315.06	315.06
ordinary household goods and furnishings	735 ILCS 5/12-1001(b)	500.00	500.00
Tools	735 ILCS 5/12-1001(b)	300.00	300.00
used clothing	735 ILCS 5/12-1001(b)	300.00	300.00

Official Form 6D (10/06)

In re Gregory E Pierce,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE					

0 continuation sheets attached

Subtotal >  
(Total of this page)  
Total >  
(Use only on last page)

\$	0.00	\$	0.00
\$	0.00	\$	0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6E (04/07)

In re Gregory E Pierce

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (04/07) - Cont.

In re Gregory E Pierce,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									

Sheet no. 1 of 1 continuation sheets attached to Schedule of  
Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

Total >

(Use only on last page of the completed  
Schedule E. Report also on the Summary of  
Schedules.)

Total >

(Use only on last page of the completed  
Schedule E. If applicable, report also on the  
Statistical Summary of Certain Liabilities  
and Related Data. )

\$ 0.00	\$ 0.00	\$ 0.00
\$ 0.00		
	\$ 0.00	\$ 0.00

Official Form 6F (10/06)

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>TCF8866221723/295</b> <b>ACC International</b> <b>919 Estes Court</b> <b>Schaumburg, IL 60193-4427</b>		<b>02/05/2007</b> <b>TCF Natinal Bank</b>				<b>242.02</b>
ACCOUNT NO. <b>209621</b> <b>Airport Parking Operations</b> <b>PO Box 619428</b> <b>DFW Airport, TX 75261-9428</b>		<b>01/01/1997</b> <b>Parking tickets</b>				<b>125.00</b>
ACCOUNT NO. <b>00678673</b> <b>Alexian Bros</b> <b>1650 Moon Lake Blvd</b> <b>Hoffman Estates, IL 60194</b>		<b>01/01/2001</b> <b>Medical Bills</b>				<b>350.00</b>
ACCOUNT NO. <b>00678673</b> <b>Alexian Bros</b> <b>1650 Moon Lake Blvd</b> <b>Hoffman Estates, IL 60194-1010</b>		<b>11/01/2001</b> <b>Medical bills</b>				<b>4,302.75</b>
ACCOUNT NO. <b>01334-00842</b> <b>Alexian Bros</b> <b>800 Biesterfield Road</b> <b>Elk Grove Village, IL 60007</b>		<b>Medical Bills</b>				<b>964.20</b>

23 Continuation sheets attached

Subtotal >	\$ <b>5,983.97</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>01348-00748</b>  <b>Alexian Bros</b> <b>800 Biesterfield Road</b> <b>Elk Grove Village, IL 60007</b>		<b>12/01/2001</b>  <b>Medical bills</b>				<b>6,627.15</b>
ACCOUNT NO. <b>01318-00005</b>  <b>Alexian Bros Health Hospital</b> <b>1650 Moon Lake Blvd</b> <b>Hoffman Estates, IL 60194</b>  <b>Harris &amp; Harris Ltd</b> <b>600 W Jackson Blvf Ste 700</b> <b>Chicago, IL 60661</b>		<b>01/01/2001</b>  <b>Medical bills</b>				<b>4,302.75</b>
ACCOUNT NO. <b>01363-00141</b>  <b>Alexian Bros Medical Center</b> <b>800 Biesterfield Road</b> <b>Elk Grove Village, IL 60007</b>		<b>12/01/2001</b>  <b>Medical bills</b>				<b>5,150.80</b>
ACCOUNT NO. <b>00680275</b>  <b>Alexian Bros Medical Center</b> <b>800 Biesterfield Road</b> <b>Elk Grove Village, IL 60007</b>  <b>Malcom S Gerald &amp; Assoc</b> <b>332 S Michigan Ave Ste 514</b> <b>Chicago, IL 60604</b> <b>Fele# 011</b>		<b>01/01/2001</b>  <b>Medical Bills MSG#270079</b>				<b>12,742.15</b>

Sheet no. 1 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>28,822.85</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4128002148128494</b> <b>Allied Interstate</b> <b>3000 Corporate Dr 5th Floor</b> <b>Columbus, OH 43231</b>		<b>04/11/2007</b> <b>LVNV Funding</b> <b>Citibank NA</b>				<b>8,339.78</b>
ACCOUNT NO. <b>094-1-0001685307</b> <b>Arlington Ridge Pathology SC</b> <b>520 E 22nd Street</b> <b>Lombard, IL 60148</b>		<b>06/07/2005</b> <b>medical bill</b>				<b>263.00</b>
ACCOUNT NO. <b>8515000000050355</b> <b>Asset Acceptance LLC</b>		<b>07/31/2006</b> <b>Bank One</b>				<b>3,829.97</b>
ACCOUNT NO. <b>013000173216</b> <b>Assoc Pathologists of Joliet</b> <b>330 Madison Street Suite 200A</b> <b>Joliet, IL 60435</b>		<b>01/13/2005</b> <b>medical bills</b>				<b>427.71</b>
ACCOUNT NO. <b>016-2-0000772306</b> <b>Aurora Radiology Consultants</b> <b>520 E 22nd Street</b> <b>Lombard, IL 60148</b>		<b>01/29/2005</b> <b>medical bill</b>				<b>40.00</b>

Sheet no. 2 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>12,900.46</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3648629</b>  <b>Biehl &amp; Biehl</b> <b>PO Box 66415</b> <b>Chicago, IL 60666-0415</b>		<b>10/19/2005</b>  <b>Daily Herald Circulation</b>				<b>25.00</b>
ACCOUNT NO. <b>34964</b>  <b>Blue Ridge Health Center</b> <b>PO Box 5151</b> <b>Hendersonville, NC 28793</b>		<b>Medical bills</b>				<b>583.00</b>
ACCOUNT NO. <b>01-980072116</b>  <b>Broward Adjustment Services</b> <b>2876 E Oakland Park Blvd</b> <b>PO Box 11879</b> <b>Ft Lauderdale, FL 3339</b>		<b>Medical bills</b>				<b>35.00</b>
ACCOUNT NO. <b>4018040011486352</b>  <b>Capital Management Services</b> <b>726 Exchange Street Suite 700</b> <b>Buffalo, NY 14210</b>		<b>02/09/2007</b>  <b>Triad</b> <b>HFN LVNV Funding</b>				<b>7,871.46</b>
ACCOUNT NO.  <b>Cardiology Assoc of AMI</b> <b>PO Box 693102</b> <b>Miami, FL 33269-0102</b>		<b>06/01/1997</b>  <b>Medical bills</b>				<b>40.00</b>

Sheet no. 3 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>8,554.46</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>24312</b>  <b>Cary Bortnick, MD</b> <b>303 East Army Trail Suite 100</b> <b>Bloomington, IL 60108</b>  <b>Harvard Collection Service</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630</b>		<b>01/01/2001</b>  <b>Medical bills</b>				<b>182.00</b>
ACCOUNT NO. <b>00105446571</b>  <b>Central Financial Control</b> <b>PO Box 14059</b> <b>Orange, CA 92863</b>		<b>06/01/1999</b>  <b>Medical bills</b>				<b>14,907.72</b>
ACCOUNT NO. <b>65481401</b>  <b>City of Chicago</b> <b>Department of Revenue-EMS</b> <b>PO Box 805030</b> <b>Chicago, IL 60680</b>  <b>PRT</b> <b>PO Box 805030</b> <b>Chicago, IL 60680-4111</b>		<b>10/01/2001</b>  <b>Services</b>				<b>320.00</b>
ACCOUNT NO. <b>7039722</b>  <b>City of Chicago Revenue Dept</b> <b>c/o Wexler &amp; Wexler</b> <b>500 W Madison St Ste 2910</b> <b>Chicago, IL 60661</b>		<b>01/01/2001</b>  <b>Medical bills</b>				<b>320.00</b>

Sheet no. 4 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>15,729.72</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3287-0</b>  <b>City of Farmers Branch EMS</b> <b>PO Box 819010</b> <b>Farmers Branch, TX 75381-9010</b>		<b>07/01/1999</b>  <b>Medical bills</b>				<b>332.00</b>
ACCOUNT NO. <b>K2497432</b>  <b>Columbia Kendall Medical Care</b> <b>11750 Bird Road</b> <b>Miami, FL 33175-3630</b>		<b>Medical Bills</b>				<b>1,635.85</b>
ACCOUNT NO. <b>1619973</b>  <b>Columbia Med City Dallas HSP</b> <b>c/o Equifax</b> <b>PO Box 550890</b> <b>Jacksonville, FL 32255</b>		<b>12/01/1998</b>  <b>Credit card purchases</b>				<b>588.86</b>
ACCOUNT NO. <b>125543793</b>  <b>Dallas County Hospital Dist</b> <b>PO Box 660599</b> <b>Dallas, TX 75266-0599</b>		<b>03/01/1999</b>  <b>Medical bills</b>				<b>967.00</b>
ACCOUNT NO. <b>578301-13680</b>  <b>Dallas Radiologists OS</b> <b>c/o MBI</b> <b>8150 Brookriver Dr Ste S600</b> <b>Dallas, TX 75247</b>		<b>Medical bills</b>				<b>35.00</b>

Sheet no. 5 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>3,558.71</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1189</b>  <b>Denderson County RMS</b> <b>820 N Justice Street</b> <b>Denderson, NC 28791</b>		<b>Medical bills</b>				<b>315.00</b>
ACCOUNT NO. <b>12 50715</b>  <b>DuPage County Internal Medicine LLC</b> <b>350 W Kensington Road Suite 115</b> <b>Mt Prospect, IL 60056</b>		<b>12/15/2001</b>  <b>Medical bills</b>				<b>495.00</b>
ACCOUNT NO. <b>E023821507</b>  <b>Edward Hospital &amp; Health Service</b> <b>801 S Washington Street</b> <b>Naperville, IL 60540-7060</b>		<b>02/02/2002</b>  <b>Medical bills</b>				<b>1,320.50</b>
ACCOUNT NO. <b>087-2-0134800748</b>  <b>Elk Grove Cardiology Associates</b> <b>641 E Butterfield Rd Ste 407</b> <b>Lombard, IL 60148</b>  <b>OSI Collection Services Inc</b> <b>PO Box 959</b> <b>Brookfield, WI 53008</b> <b>Acct #3100922</b>		<b>12/17/2001</b>  <b>Medical bills</b>				<b>28.00</b>
ACCOUNT NO. <b>239482.1</b>  <b>Elk Grove Lab Physicians PC</b> <b>c/o Harvard Collections</b> <b>4839 N Elston Avenue</b> <b>Chicago, IL 60630-2534</b>		<b>12/29/2001</b>  <b>Medical bills other acct #238482.1,</b> <b>24312</b>				<b>333.00</b>

Sheet no. 6 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,491.50</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce Debtor Case No. \_\_\_\_\_ (If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>201*238482 1</b>  <b>Elk Grove Lab Physicians PC</b> <b>Det 77-9154</b> <b>Chicago, IL 60678</b>  <b>Harvard Collection Services</b> <b>4839 N Elston Ave</b> <b>Chicago, IL 60630-2534</b> <b>Identification #5732634</b>		<b>12/01/2001</b>  <b>Medical Bills</b>				<b>157.50</b>
ACCOUNT NO. <b>201-239482 1</b>  <b>Elk Grove Lab Physicians PC</b> <b>Dept 77-9154</b> <b>Chicago, IL 60678</b>		<b>12/29/2001</b>  <b>Medical bills</b>				<b>176.50</b>
ACCOUNT NO. <b>4321418</b>  <b>Emergency &amp; Ambulatory Ca</b> <b>33 W Higgins Suite 4040</b> <b>S Barrington, IL 60010-9355</b>		<b>10/01/2001</b>  <b>Medical bills</b>				<b>155.00</b>
ACCOUNT NO. <b>4321418</b>  <b>Emergency &amp; Ambulatory Care</b> <b>33 W Higgins Suite 4040</b> <b>S Barrington, IL 60010-9355</b>  <b>Medical Collection Systems</b> <b>725 S Wells St Suite 700</b> <b>Chicago, IL 60607</b> <b>135-9535</b>  <b>Robert P Mitovich</b> <b>725 S Wells St Suite 701</b> <b>Chicago, IL 60607</b>		<b>01/01/2001</b>  <b>Medical bills</b>				<b>1,220.00</b>

Sheet no. 7 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>1,709.00</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4321418</b>  <b>Emergency &amp; Amulatory Ca</b> <b>33 W Higgins Suite 4040</b> <b>S Barrington, IL 60010-9355</b>		<b>01/01/2001</b>  <b>Medical bills</b>				<b>420.00</b>
ACCOUNT NO. <b>239879</b>  <b>Emergency Physician Palms</b> <b>Boyajian Law Offices</b> <b>201 Rt 17 N 5th Floor</b> <b>Rutherford, NJ 07070-2574</b>		<b>12/09/2004</b>  <b>medical bills</b>				<b>385.23</b>
ACCOUNT NO. <b>04322228/5</b>  <b>Emergency Physicians Palms</b> <b>PO Box 189047</b> <b>Plantation, FL 33318</b>		<b>04/01/2000</b>  <b>Medical bills</b>				<b>248.00</b>
ACCOUNT NO. <b>358721564</b>  <b>Emergency Physicians-Kendall</b> <b>c/o David E Newman PA</b> <b>1533 Sunset Drive Suite 225</b> <b>Coral Gables, FL 33143</b>		<b>Medical Bills</b>				<b>363.00</b>
ACCOUNT NO. <b>0081513</b>  <b>Fox Valley Cardiovascular Cons</b> <b>1320 N Highland Ave Suite A</b> <b>Aurora, IL 60506</b>		<b>01/19/2005</b>  <b>medical bill</b>				<b>23.50</b>

Sheet no. 8 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>1,439.73</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3-492-760-133</b>  <b>Frost Arnett Company</b> <b>PO Box 561009</b> <b>Dallas, TX 75356-1009</b>		Medical bills				15.75
ACCOUNT NO. <b>706-860-2701</b>  <b>Green Mountain Pain &amp; Palliat</b> <b>PO Box 75408</b> <b>Charlotte, NC 28275-0408</b>		Medical bills				355.64
ACCOUNT NO. <b>0T0300</b>  <b>Henderson County</b> <b>Office of Budget &amp; Finance</b> <b>113 N Main Street</b> <b>Hendersonville, NC 28792</b>		03/01/2000 Medical bills				75.00
ACCOUNT NO. <b>CHN00011198926</b>  <b>Hendersonville Emerg Phys Assoc</b> <b>PO Box 16775</b> <b>Durham, NC 27704</b>		01/01/2000 Medical bills				468.00
ACCOUNT NO. <b>CHN00010870236D</b>  <b>Hendersonville Emergency Physicians</b> <b>c/o First Collect Inc</b> <b>PO Box 7200</b> <b>Sparks-Glencoe, MD 21152-7200</b>		11/01/1999 Medical bills				314.00

Sheet no. 9 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	1,228.39
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>006833</b>  <b>Hendersonville Family Health</b> <b>604 Connor Avenue</b> <b>Hendersonville, NC 28791</b>		<b>01/01/2000</b>  <b>Medical bills</b>				<b>100.00</b>
ACCOUNT NO.  <b>Hendersonville Neurology PLLC</b> <b>418 8th Avenue West</b> <b>Hendersonville, NC 28791-3604</b>		<b>Medical bills</b>				<b>143.00</b>
ACCOUNT NO. <b>90-170632</b>  <b>Hendersonville Radiological</b> <b>807 N Justice Street</b> <b>Hendersonville NC</b>		<b>12/31/1999</b>  <b>Medical bills</b>				<b>273.00</b>
ACCOUNT NO. <b>90-170632</b>  <b>Hendersonville Radiological</b> <b>807 N Justice Street</b> <b>Hendersonville, NC 28791</b>		<b>07/01/1999</b>  <b>Medical bills</b>				<b>28.00</b>
ACCOUNT NO. <b>250-170632</b>  <b>Hendersonville Sports Medicine</b> <b>136 S King Street Suite E</b> <b>Hendersonville, NC 28792</b>		<b>08/01/1999</b>  <b>Medical bills</b>				<b>1,946.00</b>

Sheet no. 10 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>2,490.00</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>12-09-2101167</b>  <b>Hospital Pathologists</b> <b>5901 SW 74 St #202</b> <b>Miami, FL 33143-5176</b>		<b>06/01/1997</b>  <b>Medical bills</b>				<b>107.60</b>
ACCOUNT NO. <b>203500020</b>  <b>JH Stroger Hospital of Cook Cty</b> <b>PO Box 70121</b> <b>Chicago, IL 60673-5698</b>		<b>05/23/2007</b>  <b>medical bill</b>				<b>99.60</b>
ACCOUNT NO. <b>8883882 - 8883888</b>  <b>KCA Financial Services</b> <b>PO Box 53</b> <b>Geneva, IL 60134-0053</b>		<b>07/01/2007</b>  <b>Provena Mercy Medical Center</b>				<b>14,855.00</b>
ACCOUNT NO. <b>98416</b>  <b>KCA Financial Services</b> <b>628 North Street</b> <b>PO Box 53</b> <b>Geneva, IL 60134</b>		<b>08/05/2005</b>  <b>medical bill</b>				<b>30.00</b>
ACCOUNT NO. <b>10179703</b>  <b>Margaret Pardee Hospital OP</b> <b>co Credit Bureau Collections</b> <b>PO Box 26140</b> <b>Greensboro, NC 27402-6140</b>		<b>07/01/1999</b>  <b>Medical bills</b>				<b>117.90</b>

Sheet no. 11 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>15,210.10</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>11199114</b>  <b>Margaret R Pardee</b> <b>PO Box 1370</b> <b>Hendersonville, NC 28793-1370</b>		<b>03/01/2000</b>  <b>Medical bills</b>				<b>1,386.94</b>
ACCOUNT NO. <b>10807576</b>  <b>Margaret R Pardee Memorial Hospital</b> <b>715 Fleming Street</b> <b>Hendersonville, NC 28791</b>		<b>12/01/1999</b>  <b>Medical bills</b>				<b>3,310.85</b>
ACCOUNT NO. <b>10717916</b>  <b>Margaret R Pardee Memorial Hospital</b> <b>715 Fleming Street</b> <b>Hendersonville, NC 28791</b>  <b>Credit Bureau Collection Service</b> <b>PO Box 26140</b> <b>Greensboro, NC 27402-6140</b>		<b>11/01/1999</b>  <b>Medical bills</b>				<b>2,563.45</b>
ACCOUNT NO. <b>10870319</b>  <b>Margaret R Pardee Memorial Hospital</b> <b>PO Box 1370</b> <b>Hendersonville, NC 28793-1370</b>		<b>01/01/2000</b>  <b>Medical bills</b>				<b>954.80</b>
ACCOUNT NO. <b>702909536</b>  <b>Medical City Dallas Hospital</b> <b>c/o RMA/JVS</b> <b>PO Box 105334</b> <b>Atlanta, GA 30348</b>		<b>Credit card purchases</b>				<b>588.56</b>

Sheet no. 12 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>8,804.60</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7203</b>  <b>Meridian Financial Services</b> <b>PO Box 1410</b> <b>Asheville, NC 28802</b>		<b>Medical bills</b>				<b>365.00</b>
ACCOUNT NO. <b>1094</b>  <b>Michael Feld, MD</b> <b>1000 Skokie Blvd Suite 425</b> <b>Wilmette, IL 60091</b>		<b>11/01/2001</b> <b>Medical Bills</b>				<b>275.00</b>
ACCOUNT NO. <b>689</b>  <b>Michael Sheehan MD</b> <b>3820 Northdale Blvd Ste 300B</b> <b>Tampa, FL 33624</b>		<b>01/01/2000</b> <b>Medical bills</b>				<b>255.00</b>
ACCOUNT NO. <b>1445359</b>  <b>Mutual of Omaha</b> <b>PO Box 1602</b> <b>Omaha, NE 68101</b>		<b>Medical bills</b>				<b>70.00</b>
ACCOUNT NO. <b>4271382260141987</b>  <b>NCO Financial Systems Inc</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b>		<b>07/13/2006</b> <b>Citiban Credit Card</b>				<b>16,532.53</b>

Sheet no. 13 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>17,497.53</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5396820022284857</b>  <b>Northland Group Inc</b> <b>PO Box 390846</b> <b>Edina, MN 55439</b>		<b>05/31/2007</b>  <b>Genesis Financial Solutions</b> <b>AT&amp;T Universal Card</b>				<b>8,015.63</b>
ACCOUNT NO. <b>4800129999048110</b>  <b>Northland Group Inc</b> <b>PO Box 390846</b> <b>Edina, MN 55439</b>		<b>08/17/2003</b>  <b>MBNA Amer Bank</b>				<b>24,738.17</b>
ACCOUNT NO. <b>6011308100313866</b>  <b>Northstar Location Services LLC</b> <b>4285 Genesee Street</b> <b>Cheektowaga, NY 14225-1943</b>		<b>05/10/2007</b>  <b>Discover Financial Services</b>				<b>2,972.77</b>
ACCOUNT NO. <b>22708244</b>  <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694-5698</b>  <b>CB Accounts</b> <b>114 State Street Suite 3C</b> <b>Peoria, IL 61602</b>		<b>Medical bills</b>				<b>44.00</b>
ACCOUNT NO. <b>22693590</b>  <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694-5698</b>		<b>Medical bills</b>				<b>550.00</b>

Sheet no. 14 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>36,320.57</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>22693590</b>  <b>Northwest Community Hospital</b> <b>c/o RPM Inc</b> <b>PO Box 598148</b> <b>Chicago, IL 60659-8148</b>		<b>01/01/2001</b>  <b>Medical bills</b> <b>other accout# 22708244</b>				<b>594.00</b>
ACCOUNT NO. <b>1445359</b>  <b>Palms of Pasadena Cashier</b> <b>1501 Pasadena Avenue</b> <b>St Petersburg, FL 33707</b>		<b>04/01/2000</b>  <b>Medical bills</b>				<b>70.00</b>
ACCOUNT NO. <b>PIER788</b>  <b>Park Ridge Cardiology LLC</b> <b>PO Box 5400</b> <b>Fletcher, NC 28732-5400</b>		<b>10/01/1999</b>  <b>Medical bills</b>				<b>450.00</b>
ACCOUNT NO. <b>XFN00000408467F</b>  <b>Park Ridge Emergency Phys</b> <b>PO Box 2249</b> <b>Pawleys Island, SC 29585</b>  <b>First Collect Inc</b> <b>PO Box 7000</b> <b>Sparks-Glencoe, MD 21152-7000</b>		<b>07/01/1999</b>  <b>Medical bills</b>				<b>165.00</b>
ACCOUNT NO. <b>XFN00000418981</b>  <b>Park Ridge Emergency Phys</b> <b>PO Box 2249</b> <b>Pawleys Island, SC 29585</b>		<b>10/01/1999</b>  <b>Medical bills</b>				<b>255.00</b>

Sheet no. 15 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>1,534.00</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>XFN00000441661</b>  <b>Park Ridge Emergency Physicians</b> <b>PO Box 2249</b> <b>Pawleys Island, SC 29585</b>  <b>First Collect Inc</b> <b>PO Box 7000</b> <b>Sparks-Glencoe, MD 21152-7000</b>		<b>03/01/2000</b>  <b>Medical bills</b>				<b>165.00</b>
ACCOUNT NO. <b>1546456</b>  <b>Park Ridge Hospital</b> <b>PO Box 1569</b> <b>Fletcher, NC 28732</b>  <b>North American Credit Services</b> <b>PO Box 182221</b> <b>Chattanooga, TN 37422</b>		<b>07/01/1999</b>  <b>Medical bills</b>				<b>4,797.58</b>
ACCOUNT NO. <b>418981-001</b>  <b>Park Ridge Hospital</b> <b>PO Box 1569</b> <b>Fletcher, NC 28732</b>		<b>Medical bills</b>				<b>4,625.58</b>
ACCOUNT NO. <b>1603386</b>  <b>Park Ridge Hospital</b> <b>PO Box 1569</b> <b>Fletcher, NC 28732</b>  <b>North American Credit Services</b> <b>PO Box 182221</b> <b>Chattanooga, TN 37422</b>		<b>07/01/1999</b>  <b>Medical bills</b>				<b>558.20</b>

Sheet no. 16 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>10,146.36</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>414309</b>  <b>Park Ridge Hospital</b> <b>PO Box 1569</b> <b>Fletcher, NC 28732</b>		<b>09/01/1999</b>  <b>Medical bills</b>				<b>172.00</b>
ACCOUNT NO. <b>3464268</b>  <b>Parkland Memorial Hospital</b> <b>co NCO Financial Systems</b> <b>PO Box 967</b> <b>Lilburn, GA 30048-0967</b>		<b>Medical bills</b>				<b>967.00</b>
ACCOUNT NO. <b>B 17891953</b>  <b>Pathologists Bio-Medical Labor</b> <b>PO Box CS 11 J018</b> <b>Dallas, TX 75246</b>		<b>Medical bills</b>				<b>15.75</b>
ACCOUNT NO. <b>PD 4006977-0</b>  <b>Pathology CHP SC</b> <b>5221 N Harlem Avenue</b> <b>Chicago, IL 60656</b>		<b>10/01/2001</b>  <b>Medical bills</b>				<b>15.00</b>
ACCOUNT NO. <b>9724278</b>  <b>Physicians Interpretive Serv</b> <b>PO Box 741028</b> <b>Dallas, TX 75374-1028</b>		<b>10/01/1997</b>  <b>Medical bills</b>				<b>65.00</b>

Sheet no. 17 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>1,234.75</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>71000-46001998040</b>  <b>Presbyterian Hospital-Dallas co Prime Financial Services 3100 Monticello Suite 890 Dallas, TX 75205-3441</b>		<b>Medical bills</b>				<b>1,929.52</b>
ACCOUNT NO. <b>358721564</b>  <b>Pro Med Paramedic Services 509 S Vermont St Palatine, IL 60067</b>		<b>02/05/2005</b> <b>Medical bill</b>				<b>612.00</b>
ACCOUNT NO. <b>18075</b>  <b>Quality Healthcare Associates PO Box 1820 Hendersonville, NC 28793</b>		<b>03/01/2000</b> <b>Medical bills</b>				<b>183.00</b>
ACCOUNT NO. <b>H000673807</b>  <b>Questcare Medical Services PO Box 869326 Plano, TX 75086</b>  <b>BHA Financial Bureau Inc PO Box 1295 Murfreesboro, TN 37133 H0006738</b>		<b>12/01/1998</b> <b>Medical bills</b>				<b>204.00</b>
ACCOUNT NO. <b>192853</b>  <b>Regional Laboratory &amp; Path co United Revenue Corporation 204 Billings Suite 120 Arlington, TX 76010</b>		<b>Medical bills</b>				<b>59.60</b>

Sheet no. 18 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,988.12</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0107500002045</b>  <b>Resurrection/St Anthonys Hosp co Nationwide Credit &amp; Collection 9919 Roosevelt Road Westchester, IL 60154</b>		<b>10/28/2001</b>  <b>Medical bills</b>				<b>644.00</b>
ACCOUNT NO.  <b>Sachin R Shenoy MD 418 8th Avenue West Hendersonville, NC 28791</b>		<b>Medical bills</b>				<b>143.00</b>
ACCOUNT NO. <b>212923</b>  <b>Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090</b>  <b>Harvard Collection Services 4839 N Elston Avenue Chicago, IL 60630-2534 Identification #6159632</b>		<b>12/14/2001</b>  <b>Medical bills</b>				<b>50.00</b>
ACCOUNT NO. <b>212923</b>  <b>Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090</b>  <b>Harvard Collection Services 4839 N Elston Avenue Chicago, IL 60630-2534 Identification #6158315</b>		<b>12/29/2001</b>  <b>Medical bills</b>				<b>50.00</b>

Sheet no. 19 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>887.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>21257004988482</b>  <b>Schaumburg TWP District Library</b> <b>130 S Roselle Road</b> <b>Schaumburg, IL 60193</b>		<b>12/01/2001</b>				<b>28.00</b>
ACCOUNT NO. <b>393527</b>  <b>Shivalingappa MD</b> <b>co ACC International</b> <b>919 Estates Court</b> <b>Schuamburg, IL 60193-4427</b>  <b>ACC International</b> <b>1175 Devin Drive Suite 128</b> <b>Norton Shores, MI 49441</b>		<b>01/01/2001</b>  <b>Medical bills</b>				<b>495.00</b>
ACCOUNT NO. <b>331*1901025</b>  <b>Spartanburg Radiological Assoc</b> <b>PO Box 60100</b> <b>Cas, SC 29419-0100</b>  <b>Credit Adjustment Bureau, Inc</b> <b>PO Box 789</b> <b>Charleston, SC 29402</b> <b>Account #00212332</b>		<b>01/01/2000</b>  <b>Medical bills</b>				<b>217.00</b>
ACCOUNT NO. <b>00421959</b>  <b>Spartanburg Regional Med Ctr</b> <b>101 E Wood Street</b> <b>Spartanburg, SC 29303-3072</b>		<b>02/01/2000</b>  <b>Medical bills</b>				<b>308.40</b>

Sheet no. 20 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>1,048.40</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce Debtor Case No. \_\_\_\_\_ (If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0087044395-7</b>  <b>Sprint PCS</b> <b>PO Box 219718</b> <b>Kansas City, MO 64121-9718</b>		Credit purchase				<b>193.88</b>
ACCOUNT NO. <b>0087044395-7</b>  <b>Sprint PCS</b> <b>co Professional Credit Serv</b> <b>500 Bi-County Blvd Ste 350</b> <b>Farmingdale, NY 11735-3931</b>  <b>CBCS</b> <b>PO Box 163250</b> <b>Columbus, OH 43216-3250</b>		01/01/2002 Credit purchase				<b>306.80</b>
ACCOUNT NO. <b>704006977</b>  <b>St Anthony Hospital</b> <b>135 S LaSalle Dept 1849</b> <b>Chicago, IL 60674-1849</b>		01/01/2000 Medical bills				<b>644.00</b>
ACCOUNT NO. <b>01122797</b>  <b>Sunstar</b> <b>PO Box 31074</b> <b>Tampa, FL 33631-3074</b>		04/01/2000 Medical bills				<b>382.20</b>
ACCOUNT NO. <b>run no 01-237067</b>  <b>Superior Air Ground Amb Serv</b> <b>PO Box 1407</b> <b>Elmhurst, IL 60126</b>		12/01/2000 Medical bills				<b>589.00</b>

Sheet no. 21 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>2,115.88</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>RBB*1891122.1</b>  <b>Texas Diagnostic Imaging</b> <b>PO Box 970336</b> <b>Dallas, TX 75397-0336</b>		<b>05/01/1999</b>  <b>Medical bills</b>				<b>29.00</b>
ACCOUNT NO. <b>134035</b>  <b>The Miller Ophthopaedic Clinic</b> <b>PO Box 651447</b> <b>Charlotte, NC 28265-1447</b>		<b>03/01/2000</b>  <b>Medical bills</b>				<b>64.00</b>
ACCOUNT NO. <b>01-133363</b>  <b>Trend Community MH Services</b> <b>800 Fleming Street</b> <b>Hendersonville, NC 28791</b>		<b>Medical bills</b>				<b>45.00</b>
ACCOUNT NO. <b>Pierce0001</b>  <b>William Mollohan DO</b> <b>1551 Bond Steet Suite 127</b> <b>Naperville, IL 60563</b>		<b>04/14/2006</b>  <b>medical bill</b>				<b>821.00</b>

Sheet no. 22 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ <b>959.00</b>
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce Case No. \_\_\_\_\_  
Debtor (If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4190080891161527</b>		<b>06/05/2007</b>				<b>14,391.28</b>
<b>Wolpoff &amp; Abramson LLP</b> <b>Two Irvington Centre 702 King Farm Rd</b> <b>Rockville, MD 20850-5775</b>  <b>The Law Center</b> <b>4460 Corporation Lane Suite 306</b> <b>Virginia Beach, VA 23462</b> <b>File# 140354</b>  <b>Blatt Hasenmiller Leibsker Moore</b> <b>PO Box 5463</b> <b>Chicago, IL 60680-5463</b> <b>ref # 1907300</b>		<b>Palisades Acquistn</b>				

Sheet no. 23 of 23 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$	<b>14,391.28</b>
Total >	\$	<b>198,046.38</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Jonathan G. Anderson 03128613  
Anderson & Associates, P.C.  
1701 E. Woodfield Road, Suite 1050  
Schaumburg, IL 60173

(847) 995-9999  
Attorney for the Petitioner(s)

## UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Gregory E Pierce**

Social Security Number: **1564**

Case No:

Chapter **7**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	<b>ACC International</b> <b>919 Estes Court</b> <b>Schaumburg, IL 60193-4427</b>	<b>Unsecured Claims</b>	<b>\$ 242.02</b>
2.	<b>Airport Parking Operations</b> <b>PO Box 619428</b> <b>DFW Airport, TX 75261-9428</b>	<b>Unsecured Claims</b>	<b>\$ 125.00</b>
3.	<b>Alexian Bros</b> <b>1650 Moon Lake Blvd</b> <b>Hoffman Estates, IL 60194</b>	<b>Unsecured Claims</b>	<b>\$ 350.00</b>
4.	<b>Alexian Bros</b> <b>1650 Moon Lake Blvd</b> <b>Hoffman Estates, IL 60194-1010</b>	<b>Unsecured Claims</b>	<b>\$ 4,302.75</b>
5.	<b>Alexian Bros</b> <b>800 Biesterfield Road</b> <b>Elk Grove Village, IL 60007</b>	<b>Unsecured Claims</b>	<b>\$ 964.20</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

6.	<b>Alexian Bros 800 Biesterfield Road Elk Grove Village, IL 60007</b>	<b>Unsecured Claims</b>	<b>\$ 6,627.15</b>
7.	<b>Alexian Bros Health Hospital 1650 Moon Lake Blvd Hoffman Estates, IL 60194</b>	<b>Unsecured Claims</b>	<b>\$ 4,302.75</b>
8.	<b>Alexian Bros Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007</b>	<b>Unsecured Claims</b>	<b>\$ 5,150.80</b>
9.	<b>Alexian Bros Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007</b>	<b>Unsecured Claims</b>	<b>\$ 12,742.15</b>
10.	<b>Allied Interstate 3000 Corporate Dr 5th Floor Columbus, OH 43231</b>	<b>Unsecured Claims</b>	<b>\$ 8,339.78</b>
11.	<b>Arlington Ridge Pathology SC 520 E 22nd Street Lombard, IL 60148</b>	<b>Unsecured Claims</b>	<b>\$ 263.00</b>
12.	<b>Asset Acceptence LLC</b>	<b>Unsecured Claims</b>	<b>\$ 3,829.97</b>
13.	<b>Assoc Pathologists of Joliet 330 Madison Street Suite 200A Joliet, IL 60435</b>	<b>Unsecured Claims</b>	<b>\$ 427.71</b>
14.	<b>Aurora Radiology Consultants 520 E 22nd Street Lombard, IL 60148</b>	<b>Unsecured Claims</b>	<b>\$ 40.00</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

15.	<b>Biehl &amp; Biehl PO Box 66415 Chicago, IL 60666-0415</b>	<b>Unsecured Claims</b>	<b>\$ 25.00</b>
16.	<b>Blue Ridge Health Center PO Box 5151 Hendersonville, NC 28793</b>	<b>Unsecured Claims</b>	<b>\$ 583.00</b>
17.	<b>Broward Adjustment Services 2876 E Oakland Park Blvd PO Box 11879 Ft Lauderdale, FL 3339</b>	<b>Unsecured Claims</b>	<b>\$ 35.00</b>
18.	<b>Capital Management Services 726 Exchange Street Suite 700 Buffalo, NY 14210</b>	<b>Unsecured Claims</b>	<b>\$ 7,871.46</b>
19.	<b>Cardiology Assoc of AMI PO Box 693102 Miami, FL 33269-0102</b>	<b>Unsecured Claims</b>	<b>\$ 40.00</b>
20.	<b>Cary Bortnick, MD 303 East Army Trail Suite 100 Bloomington, IL 60108</b>	<b>Unsecured Claims</b>	<b>\$ 182.00</b>
21.	<b>Central Financial Control PO Box 14059 Orange, CA 92863</b>	<b>Unsecured Claims</b>	<b>\$ 14,907.72</b>
22.	<b>City of Chicago Department of Revenue-EMS PO Box 805030 Chicago, IL 60680</b>	<b>Unsecured Claims</b>	<b>\$ 320.00</b>
23.	<b>City of Chicago Revenue Dept c/o Wexler &amp; Wexler 500 W Madison St Ste 2910 Chicago, IL 60661</b>	<b>Unsecured Claims</b>	<b>\$ 320.00</b>



In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

24.	<b>City of Farmers Branch EMS PO Box 819010 Farmers Branch, TX 75381-9010</b>	<b>Unsecured Claims</b>	<b>\$ 332.00</b>
25.	<b>Columbia Kendall Medical Care 11750 Bird Road Miami, FL 33175-3630</b>	<b>Unsecured Claims</b>	<b>\$ 1,635.85</b>
26.	<b>Columbia Med City Dallas HSP c/o Equifax PO Box 550890 Jacksonville, FL 32255</b>	<b>Unsecured Claims</b>	<b>\$ 588.86</b>
27.	<b>Dallas County Hospital Dist PO Box 660599 Dallas, TX 75266-0599</b>	<b>Unsecured Claims</b>	<b>\$ 967.00</b>
28.	<b>Dallas Radiologists OS c/o MBI 8150 Brookriver Dr Ste S600 Dallas, TX 75247</b>	<b>Unsecured Claims</b>	<b>\$ 35.00</b>
29.	<b>Denderson County RMS 820 N Justice Street Denderson, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 315.00</b>
30.	<b>DuPage County Internal Medicine LLC 350 W Kensington Road Suite 115 Mt Prospect, IL 60056</b>	<b>Unsecured Claims</b>	<b>\$ 495.00</b>
31.	<b>Edward Hospital &amp; Health Service 801 S Washington Street Naperville, IL 60540-7060</b>	<b>Unsecured Claims</b>	<b>\$ 1,320.50</b>
32.	<b>Elk Grove Cardiology Associates 641 E Butterfield Rd Ste 407 Lombard, IL 60148</b>	<b>Unsecured Claims</b>	<b>\$ 28.00</b>

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Case No. \_\_\_\_\_

33.	<b>Elk Grove Lab Physicians PC c/o Harvard Collections 4839 N Elston Avenue Chicago, IL 60630-2534</b>	<b>Unsecured Claims</b>	<b>\$ 333.00</b>
34.	<b>Elk Grove Lab Physicians PC Det 77-9154 Chicago, IL 60678</b>	<b>Unsecured Claims</b>	<b>\$ 157.50</b>
35.	<b>Elk Grove Lab Physicians PC Dept 77-9154 Chicago, IL 60678</b>	<b>Unsecured Claims</b>	<b>\$ 176.50</b>
36.	<b>Emergency &amp; Ambulatory Ca 33 W Higgins Suite 4040 S Barrington, IL 60010-9355</b>	<b>Unsecured Claims</b>	<b>\$ 155.00</b>
37.	<b>Emergency &amp; Ambulatory Care 33 W Higgins Suite 4040 S Barrington, IL 60010-9355</b>	<b>Unsecured Claims</b>	<b>\$ 1,220.00</b>
38.	<b>Emergency &amp; Amulatory Ca 33 W Higgins Suite 4040 S Barrington, IL 60010-9355</b>	<b>Unsecured Claims</b>	<b>\$ 420.00</b>
39.	<b>Emergency Physician Palms Boyajian Law Offices 201 Rt 17 N 5th Floor Rutherford, NJ 07070-2574</b>	<b>Unsecured Claims</b>	<b>\$ 385.23</b>
40.	<b>Emergency Physicians Palms PO Box 189047 Plantation, FL 33318</b>	<b>Unsecured Claims</b>	<b>\$ 248.00</b>
41.	<b>Emergency Physicians-Kendall c/o David E Newman PA 1533 Sunset Drive Suite 225 Coral Gables, FL 33143</b>	<b>Unsecured Claims</b>	<b>\$ 363.00</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

42.	<b>Fox Valley Cardiovascular Cons 1320 N Highland Ave Suite A Aurora, IL 60506</b>	<b>Unsecured Claims</b>	<b>\$ 23.50</b>
43.	<b>Frost Arnett Company PO Box 561009 Dallas, TX 75356-1009</b>	<b>Unsecured Claims</b>	<b>\$ 15.75</b>
44.	<b>Green Mountain Pain &amp; Palliat PO Box 75408 Charlotte, NC 28275-0408</b>	<b>Unsecured Claims</b>	<b>\$ 355.64</b>
45.	<b>Henderson County Office of Budget &amp; Finance 113 N Main Street Hendersonville, NC 28792</b>	<b>Unsecured Claims</b>	<b>\$ 75.00</b>
46.	<b>Hendersonville Emerg Phys Assoc PO Box 16775 Durham, NC 27704</b>	<b>Unsecured Claims</b>	<b>\$ 468.00</b>
47.	<b>Hendersonville Emergency Physicians c/o First Collect Inc PO Box 7200 Sparks-Glencoe, MD 21152-7200</b>	<b>Unsecured Claims</b>	<b>\$ 314.00</b>
48.	<b>Hendersonville Family Health 604 Connor Avenue Hendersonville, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 100.00</b>
49.	<b>Hendersonville Neurology PLLC 418 8th Avenue West Hendersonville, NC 28791-3604</b>	<b>Unsecured Claims</b>	<b>\$ 143.00</b>
50.	<b>Hendersonville Radiological 807 N Justice Street Hendersonville NC</b>	<b>Unsecured Claims</b>	<b>\$ 273.00</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

51.	<b>Hendersonville Sports Medicine 136 S King Street Suite E Hendersonville, NC 28792</b>	<b>Unsecured Claims</b>	<b>\$ 1,946.00</b>
52.	<b>Hospital Pathologists 5901 SW 74 St #202 Miami, FL 33143-5176</b>	<b>Unsecured Claims</b>	<b>\$ 107.60</b>
53.	<b>JH Stroger Hospital of Cook Cty PO Box 70121 Chicago, IL 60673-5698</b>	<b>Unsecured Claims</b>	<b>\$ 99.60</b>
54.	<b>KCA Financial Services PO Box 53 Geneva, IL 60134-0053</b>	<b>Unsecured Claims</b>	<b>\$ 14,855.00</b>
55.	<b>KCA Financial Services 628 North Street PO Box 53 Geneva, IL 60134</b>	<b>Unsecured Claims</b>	<b>\$ 30.00</b>
56.	<b>Hendersonville Radiological 807 N Justice Street Hendersonville, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 28.00</b>
57.	<b>Margaret Pardee Hospital OP co Credit Bureau Collections PO Box 26140 Greensboro, NC 27402-6140</b>	<b>Unsecured Claims</b>	<b>\$ 117.90</b>
58.	<b>Margaret R Pardee PO Box 1370 Hendersonville, NC 28793-1370</b>	<b>Unsecured Claims</b>	<b>\$ 1,386.94</b>
59.	<b>Margaret R Pardee Memorial Hospital 715 Fleming Street Hendersonville, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 3,310.85</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

60.	<b>Margaret R Pardee Memorial Hospital 715 Fleming Street Hendersonville, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 2,563.45</b>
61.	<b>Margaret R Pardee Memorial Hospital PO Box 1370 Hendersonville, NC 28793-1370</b>	<b>Unsecured Claims</b>	<b>\$ 954.80</b>
62.	<b>Medical City Dallas Hospital c/o RMA/JVS PO Box 105334 Atlanta, GA 30348</b>	<b>Unsecured Claims</b>	<b>\$ 588.56</b>
63.	<b>Meridian Financial Services PO Box 1410 Asheville, NC 28802</b>	<b>Unsecured Claims</b>	<b>\$ 365.00</b>
64.	<b>Michael Feld, MD 1000 Skokie Blvd Suite 425 Wilmette, IL 60091</b>	<b>Unsecured Claims</b>	<b>\$ 275.00</b>
65.	<b>Michael Sheehan MD 3820 Northdale Blvd Ste 300B Tampa, FL 33624</b>	<b>Unsecured Claims</b>	<b>\$ 255.00</b>
66.	<b>Mutual of Omaha PO Box 1602 Omaha, NE 68101</b>	<b>Unsecured Claims</b>	<b>\$ 70.00</b>
67.	<b>NCO Financial Systems Inc 507 Prudential Road Horsham, PA 19044</b>	<b>Unsecured Claims</b>	<b>\$ 16,532.53</b>
68.	<b>Northland Group Inc PO Box 390846 Edina, MN 55439</b>	<b>Unsecured Claims</b>	<b>\$ 8,015.63</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

69.	<b>Northland Group Inc PO Box 390846 Edina, MN 55439</b>	<b>Unsecured Claims</b>	<b>\$ 24,738.17</b>
70.	<b>Northstar Location Services LLC 4285 Genesee Street Cheektowaga, NY 14225-1943</b>	<b>Unsecured Claims</b>	<b>\$ 2,972.77</b>
71.	<b>Northwest Community Hospital PO Box 95698 Chicago, IL 60694-5698</b>	<b>Unsecured Claims</b>	<b>\$ 44.00</b>
72.	<b>Northwest Community Hospital PO Box 95698 Chicago, IL 60694-5698</b>	<b>Unsecured Claims</b>	<b>\$ 550.00</b>
73.	<b>Northwest Community Hospital c/o RPM Inc PO Box 598148 Chicago, IL 60659-8148</b>	<b>Unsecured Claims</b>	<b>\$ 594.00</b>
74.	<b>Palms of Pasadena Cashier 1501 Pasadena Avenue St Petersburg, FL 33707</b>	<b>Unsecured Claims</b>	<b>\$ 70.00</b>
75.	<b>Park Ridge Cardiology LLC PO Box 5400 Fletcher, NC 28732-5400</b>	<b>Unsecured Claims</b>	<b>\$ 450.00</b>
76.	<b>Park Ridge Emergency Phys PO Box 2249 Pawleys Island, SC 29585</b>	<b>Unsecured Claims</b>	<b>\$ 165.00</b>
77.	<b>Park Ridge Emergency Phys PO Box 2249 Pawleys Island, SC 29585</b>	<b>Unsecured Claims</b>	<b>\$ 255.00</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

78.	<b>Park Ridge Emergency Physicians PO Box 2249 Pawleys Island, SC 29585</b>	<b>Unsecured Claims</b>	<b>\$ 165.00</b>
79.	<b>Park Ridge Hospital PO Box 1569 Fletcher, NC 28732</b>	<b>Unsecured Claims</b>	<b>\$ 4,797.58</b>
80.	<b>Park Ridge Hospital PO Box 1569 Fletcher, NC 28732</b>	<b>Unsecured Claims</b>	<b>\$ 4,625.58</b>
81.	<b>Park Ridge Hospital PO Box 1569 Fletcher, NC 28732</b>	<b>Unsecured Claims</b>	<b>\$ 558.20</b>
82.	<b>Park Ridge Hospital PO Box 1569 Fletcher, NC 28732</b>	<b>Unsecured Claims</b>	<b>\$ 172.00</b>
83.	<b>Parkland Memorial Hospital co NCO Financial Systems PO Box 967 Lilburn, GA 30048-0967</b>	<b>Unsecured Claims</b>	<b>\$ 967.00</b>
84.	<b>Pathologists Bio-Medical Labor PO Box CS 11 J018 Dallas, TX 75246</b>	<b>Unsecured Claims</b>	<b>\$ 15.75</b>
85.	<b>Pathology CHP SC 5221 N Harlem Avenue Chicago, IL 60656</b>	<b>Unsecured Claims</b>	<b>\$ 15.00</b>
86.	<b>Physicians Interpretive Serv PO Box 741028 Dallas, TX 75374-1028</b>	<b>Unsecured Claims</b>	<b>\$ 65.00</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

87.	<b>Presbyterian Hospital-Dallas co Prime Financial Services 3100 Monticello Suite 890 Dallas, TX 75205-3441</b>	<b>Unsecured Claims</b>	<b>\$ 1,929.52</b>
88.	<b>Pro Med Paramedic Services 509 S Vermont St Palatine, IL 60067</b>	<b>Unsecured Claims</b>	<b>\$ 612.00</b>
89.	<b>Quality Healthcare Associates PO Box 1820 Hendersonville, NC 28793</b>	<b>Unsecured Claims</b>	<b>\$ 183.00</b>
90.	<b>Questcare Medical Services PO Box 869326 Plano, TX 75086</b>	<b>Unsecured Claims</b>	<b>\$ 204.00</b>
91.	<b>Regional Laboratory &amp; Path co United Revenue Corporation 204 Billings Suite 120 Arlington, TX 76010</b>	<b>Unsecured Claims</b>	<b>\$ 59.60</b>
92.	<b>Resurrection/St Anthonys Hosp co Nationwide Credit &amp; Collection 9919 Roosevelt Road Westchester, IL 60154</b>	<b>Unsecured Claims</b>	<b>\$ 644.00</b>
93.	<b>Sachin R Shenoy MD 418 8th Avenue West Hendersonville, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 143.00</b>
94.	<b>Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090</b>	<b>Unsecured Claims</b>	<b>\$ 50.00</b>
95.	<b>Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090</b>	<b>Unsecured Claims</b>	<b>\$ 50.00</b>



In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

96.	<b>Schaumburg TWP District Library 130 S Roselle Road Schaumburg, IL 60193</b>	<b>Unsecured Claims</b>	<b>\$ 28.00</b>
97.	<b>Shivalingappa MD co ACC International 919 Estates Court Schuamburg, IL 60193-4427</b>	<b>Unsecured Claims</b>	<b>\$ 495.00</b>
98.	<b>Spartanburg Radiological Assoc PO Box 60100 Cas, SC 29419-0100</b>	<b>Unsecured Claims</b>	<b>\$ 217.00</b>
99.	<b>Spartanburg Regional Med Ctr 101 E Wood Street Spartanburg, SC 29303-3072</b>	<b>Unsecured Claims</b>	<b>\$ 308.40</b>
100.	<b>Sprint PCS PO Box 219718 Kansas City, MO 64121-9718</b>	<b>Unsecured Claims</b>	<b>\$ 193.88</b>
101.	<b>Sprint PCS co Professional Credit Serv 500 Bi-County Blvd Ste 350 Farmingdale, NY 11735-3931</b>	<b>Unsecured Claims</b>	<b>\$ 306.80</b>
102.	<b>St Anthony Hospital 135 S LaSalle Dept 1849 Chicago, IL 60674-1849</b>	<b>Unsecured Claims</b>	<b>\$ 644.00</b>
103.	<b>Sunstar PO Box 31074 Tampa, FL 33631-3074</b>	<b>Unsecured Claims</b>	<b>\$ 382.20</b>
104.	<b>Superior Air Ground Amb Serv PO Box 1407 Elmhurst, IL 60126</b>	<b>Unsecured Claims</b>	<b>\$ 589.00</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

105 .	<b>Texas Diagnostic Imaging PO Box 970336 Dallas, TX 75397-0336</b>	<b>Unsecured Claims</b>	<b>\$ 29.00</b>
106 .	<b>The Miller Ophthopaedic Clinic PO Box 651447 Charlotte, NC 28265-1447</b>	<b>Unsecured Claims</b>	<b>\$ 64.00</b>
107 .	<b>Trend Community MH Services 800 Fleming Street Hendersonville, NC 28791</b>	<b>Unsecured Claims</b>	<b>\$ 45.00</b>
108 .	<b>William Mollohan DO 1551 Bond Steet Suite 127 Naperville, IL 60563</b>	<b>Unsecured Claims</b>	<b>\$ 821.00</b>
109 .	<b>Wolpoff &amp; Abramson LLP Two Irvington Centre 702 King Farm Rd Rockville, MD 20850-5775</b>	<b>Unsecured Claims</b>	<b>\$ 14,391.28</b>

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

## DECLARATION

I, **Gregory E Pierce**, named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of **13 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: **s/ Gregory E Pierce**  
**Gregory E Pierce**

Dated: **9/28/2007**

Form B6G  
(10/05)

In re: Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Form B6H  
(10/05)

In re: **Gregory E Pierce**

Debtor

Case No.

(If known)

## SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **Gregory E Pierce**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: <b>single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation <b>truck driver</b>		
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

\$ 541.67 \$ \_\_\_\_\_

2. Estimate monthly overtime

\$ 0.00 \$ \_\_\_\_\_

3. SUBTOTAL

\$ 541.67 \$ \_\_\_\_\_

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 0.00 \$ \_\_\_\_\_

b. Insurance

\$ 0.00 \$ \_\_\_\_\_

c. Union dues

\$ 0.00 \$ \_\_\_\_\_

d. Other (Specify) \_\_\_\_\_

\$ 0.00 \$ \_\_\_\_\_

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00 \$ \_\_\_\_\_

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 541.67 \$ \_\_\_\_\_

7. Regular income from operation of business or profession or farm  
(Attach detailed statement)

\$ 0.00 \$ \_\_\_\_\_

8. Income from real property

\$ 0.00 \$ \_\_\_\_\_

9. Interest and dividends

\$ 0.00 \$ \_\_\_\_\_

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ \_\_\_\_\_

11. Social security or other government assistance  
(Specify) \_\_\_\_\_

\$ 0.00 \$ \_\_\_\_\_

12. Pension or retirement income

\$ 0.00 \$ \_\_\_\_\_

13. Other monthly income

(Specify) \_\_\_\_\_

\$ 0.00 \$ \_\_\_\_\_

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00 \$ \_\_\_\_\_

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 541.67 \$ \_\_\_\_\_

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 541.67

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

**NONE**

**Debtor**

Case No.

**(If known)**

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ 0.00

a. Are real estate taxes included? Yes            No ✓

b. Is property insurance included?	Yes	<u>          </u>	No	<u>✓</u>
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2. Utilities: a. Electricity and heating fuel	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	<b>0.00</b>
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b. Water and sewer	\$	0.00
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c. Telephone	\$	<b>60.00</b>
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d. Other	\$	0.00
----------	----	------

3. Home maintenance (repairs and upkeep)	\$	0.00
--	----	------

4. Food	\$	<u>250.00</u>
---------	----	---------------

5. Clothing	\$	0.00
-------------	----	------

6. Laundry and dry cleaning	\$	<b>50.00</b>
-----------------------------	----	--------------

7. Medical and dental expenses	\$	50.00
--------------------------------	----	-------

8. Transportation (not including car payments)	\$	<b>100.00</b>
--	----	---------------

9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	40.00
---	----	-------

10. Charitable contributions	\$	<u>0.00</u>
------------------------------	----	-------------

11. Insurance (not deducted from wages or included in home mortgage payments)

a. Homeowner's or renter's	\$	0.00
----------------------------	----	------

b. Life	\$	0.00
---------	----	------

c. Health	\$	<u>0.00</u>
-----------	----	-------------

d. Auto	\$	<u>50.00</u>
---------	----	--------------

e. Other	\$	0.00
----------	----	------

12. Taxes (not deducted from wages or included in home mortgage payments)

(Specify)	\$	0.00
-----------	----	------

13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)

a. Auto	\$	0.00
---------	----	------

b. Other	\$	0.00
----------	----	------

14. Alimony, maintenance, and support paid to others	\$	0.00
--	----	------

15. Payments for support of additional dependents not living at your home \$ 0.00

16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
--	----	------

17. Other	\$	0.00
-----------	----	------

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

**\$ 600.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**Student loans are deferred equalling app \$15,000**

## 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I \$ **541.67**

b. Average monthly expenses from Line 18 above	\$	<u>600.00</u>
--	----	---------------

c. Monthly net income (a. minus b.)	\$	<b>-58.33</b>
-------------------------------------	----	---------------

Official Form 6 - Summary (10/06)

United States Bankruptcy Court  
Northern District of Illinois  
Eastern Division

In re Gregory E Pierce,  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 3,039.79		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	24		\$ 198,046.38	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 541.67
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 600.00
TOTAL		36	\$ 3,039.79	\$ 198,046.38	



ACC International  
919 Estes Court  
Schaumburg, IL 60193-4427

ACC International  
1175 Devin Drive Suite 128  
Norton Shores, MI 49441

Airport Parking Operations  
PO Box 619428  
DFW Airport, TX 75261-9428

Alexian Bros  
1650 Moon Lake Blvd  
Hoffman Estates, IL 60194-1010

Alexian Bros  
800 Biesterfield Road  
Elk Grove Village, IL 60007

Alexian Bros  
1650 Moon Lake Blvd  
Hoffman Estates, IL 60194

Alexian Bros Health Hospital  
1650 Moon Lake Blvd  
Hoffman Estates, IL 60194

Alexian Bros Medical Center  
800 Biesterfield Road  
Elk Grove Village, IL 60007

Allied Interstate  
3000 Corporate Dr 5th Floor  
Columbus, OH 43231

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Arlington Ridge Pathology SC  
520 E 22nd Street  
Lombard, IL 60148

Asset Acceptence LLC

Assoc Pathologists of Joliet  
330 Madison Street Suite 200A  
Joliet, IL 60435

Aurora Radiology Consultants  
520 E 22nd Street  
Lombard, IL 60148

BHA Financial Bureau Inc  
PO Box 1295  
Murfreesboro, TN 37133  
H0006738

Biehl & Biehl  
PO Box 66415  
Chicago, IL 60666-0415

Blatt Hasenmiller Leibsker Moore  
PO Box 5463  
Chicago, IL 60680-5463  
ref # 1907300

Blue Ridge Health Center  
PO Box 5151  
Hendersonville, NC 28793

Broward Adjustment Services  
2876 E Oakland Park Blvd  
PO Box 11879  
Ft Lauderdale, FL 3339

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Capital Management Services  
726 Exchange Street Suite 700  
Buffalo, NY 14210

Cardiology Assoc of AMI  
PO Box 693102  
Miami, FL 33269-0102

Cary Bortnick, MD  
303 East Army Trail Suite 100  
Bloomingdale, IL 60108

CB Accounts  
114 State Street Suite 3C  
Peoria, IL 61602

CBCS  
PO Box 163250  
Columbus, OH 43216-3250

Central Financial Control  
PO Box 14059  
Orange, CA 92863

City of Chicago  
Department of Revenue-EMS  
PO Box 805030  
Chicago, IL 60680

City of Chicago Revenue Dept  
c/o Wexler & Wexler  
500 W Madison St Ste 2910  
Chicago, IL 60661

City of Farmers Branch EMS  
PO Box 819010  
Farmers Branch, TX 75381-9010

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Columbia Kendall Medical Care  
11750 Bird Road  
Miami, FL 33175-3630

Columbia Med City Dallas HSP  
c/o Equifax  
PO Box 550890  
Jacksonville, FL 32255

Credit Adjustment Bureau, Inc  
PO Box 789  
Charleston, SC 29402  
Account #00212332

Credit Bureau Collection Service  
PO Box 26140  
Greensboro, NC 27402-6140

Dallas County Hospital Dist  
PO Box 660599  
Dallas, TX 75266-0599

Dallas Radiologists OS  
c/o MBI  
8150 Brookriver Dr Ste S600  
Dallas, TX 75247

Denderson County RMS  
820 N Justice Street  
Denderson, NC 28791

DuPage County Internal Medicine LLC  
350 W Kensington Road Suite 115  
Mt Prospect, IL 60056

Edward Hospital & Health Service  
801 S Washington Street  
Naperville, IL 60540-7060

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Elk Grove Cardiology Associates  
641 E Butterfield Rd Ste 407  
Lombard, IL 60148

Elk Grove Lab Physicians PC  
Det 77-9154  
Chicago, IL 60678

Elk Grove Lab Physicians PC  
Dept 77-9154  
Chicago, IL 60678

Elk Grove Lab Physicians PC  
c/o Harvard Collections  
4839 N Elston Avenue  
Chicago, IL 60630-2534

Emergency & Ambulatory Ca  
33 W Higgins Suite 4040  
S Barrington, IL 60010-9355

Emergency & Ambulatory Care  
33 W Higgins Suite 4040  
S Barrington, IL 60010-9355

Emergency & Amulatory Ca  
33 W Higgins Suite 4040  
S Barrington, IL 60010-9355

Emergency Physician Palms  
Boyajian Law Offices  
201 Rt 17 N 5th Floor  
Rutherford, NJ 07070-2574

Emergency Physicians Palms  
PO Box 189047  
Plantation, FL 33318

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Emergency Physicians-Kendall  
c/o David E Newman PA  
1533 Sunset Drive Suite 225  
Coral Gables, FL 33143

First Collect Inc  
PO Box 7000  
Sparks-Glencoe, MD 21152-7000

Fox Valley Cardiovascular Cons  
1320 N Highland Ave Suite A  
Aurora, IL 60506

Frost Arnett Company  
PO Box 561009  
Dallas, TX 75356-1009

Green Mountain Pain & Palliati  
PO Box 75408  
Charlotte, NC 28275-0408

Harris & Harris Ltd  
600 W Jackson Blvf Ste 700  
Chicago, IL 60661

Harvard Collection Service  
4839 N Elston Ave  
Chicago, IL 60630

Harvard Collection Services  
4839 N Elston Ave  
Chicago, IL 60630-2534  
Identification #5732634

Harvard Collection Services  
4839 N Elston Avenue  
Chicago, IL 60630-2534  
Identification #6158315

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Harvard Collection Services  
4839 N Elston Avenue  
Chicago, IL 60630-2534  
Identification #6159632

Henderson County  
Office of Budget & Finance  
113 N Main Street  
Hendersonville, NC 28792

Hendersonville Emerg Phys Assoc  
PO Box 16775  
Durham, NC 27704

Hendersonville Emergency Physicians  
c/o First Collect Inc  
PO Box 7200  
Sparks-Glencoe, MD 21152-7200

Hendersonville Family Health  
604 Connor Avenue  
Hendersonville, NC 28791

Hendersonville Neurology PLLC  
418 8th Avenue West  
Hendersonville, NC 28791-3604

Hendersonville Radiological  
807 N Justice Street  
Hendersonville NC

Hendersonville Sports Medicine  
136 S King Street Suite E  
Hendersonville, NC 28792

Hospital Pathologists  
5901 SW 74 St #202  
Miami, FL 33143-5176

JH Stroger Hospital of Cook Cty  
PO Box 70121  
Chicago, IL 60673-5698

KCA Financial Services  
PO Box 53  
Geneva, IL 60134-0053

KCA Financial Services  
628 North Street  
PO Box 53  
Geneva, IL 60134

Hendersonville Radiological  
807 N Justice Street  
Hendersonville, NC 28791

Malcom S Gerald & Assoc  
332 S Michigan Ave Ste 514  
Chicago, IL 60604  
Fele# 011

Margaret Pardee Hospital OP  
co Credit Bureau Collections  
PO Box 26140  
Greensboro, NC 27402-6140

Margaret R Pardee  
PO Box 1370  
Hendersonville, NC 28793-1370

Margaret R Pardee Memorial Hospital  
PO Box 1370  
Hendersonville, NC 28793-1370

Margaret R Pardee Memorial Hospital  
715 Fleming Street  
Hendersonville, NC 28791



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Medical City Dallas Hospital  
c/o RMA/JVS  
PO Box 105334  
Atlanta, GA 30348

Medical Collection Systems  
725 S Wells St Suite 700  
Chicago, IL 60607  
135-9535

Meridian Financial Services  
PO Box 1410  
Asheville, NC 28802

Michael Feld, MD  
1000 Skokie Blvd Suite 425  
Wilmette, IL 60091

Michael Sheehan MD  
3820 Northdale Blvd Ste 300B  
Tampa, FL 33624

Mutual of Omaha  
PO Box 1602  
Omaha, NE 68101

NCO Financial Systems Inc  
507 Prudential Road  
Horsham, PA 19044

North American Credit Services  
PO Box 182221  
Chattanooga, TN 37422

Northland Group Inc  
PO Box 390846  
Edina, MN 55439

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Northstar Location Services LLC  
4285 Genesee Street  
Cheektowaga, NY 14225-1943

Northwest Community Hospital  
PO Box 95698  
Chicago, IL 60694-5698

Northwest Community Hospital  
c/o RPM Inc  
PO Box 598148  
Chicago, IL 60659-8148

OSI Collection Services Inc  
PO Box 959  
Brookfield, WI 53008  
Acct #3100922

Palms of Pasadena Cashier  
1501 Pasadena Avenue  
St Petersburg, FL 33707

Park Ridge Cardiology LLC  
PO Box 5400  
Fletcher, NC 28732-5400

Park Ridge Emergency Phys  
PO Box 2249  
Pawleys Island, SC 29585

Park Ridge Emergency Physicians  
PO Box 2249  
Pawleys Island, SC 29585

Park Ridge Hospital  
PO Box 1569  
Fletcher, NC 28732

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Parkland Memorial Hospital  
co NCO Financial Systems  
PO Box 967  
Lilburn, GA 30048-0967

Pathologists Bio-Medical Labor  
PO Box CS 11 J018  
Dallas, TX 75246

Pathology CHP SC  
5221 N Harlem Avenue  
Chicago, IL 60656

Physicians Interpretive Serv  
PO Box 741028  
Dallas, TX 75374-1028

Presbyterian Hospital-Dallas  
co Prime Financial Services  
3100 Monticello Suite 890  
Dallas, TX 75205-3441

Pro Med Paramedic Services  
509 S Vermont St  
Palatine, IL 60067

PRT  
PO Box 805030  
Chicago, IL 60680-4111

Quality Healthcare Associates  
PO Box 1820  
Hendersonville, NC 28793

Questcare Medical Services  
PO Box 869326  
Plano, TX 75086

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Regional Laboratory & Path  
co United Revenue Corporation  
204 Billings Suite 120  
Arlington, TX 76010

Resurrection/St Anthonys Hosp  
co Nationwide Credit & Collection  
9919 Roosevelt Road  
Westchester, IL 60154

Robert P Mitovich  
725 S Wells St Suite 701  
Chicago, IL 60607

Sachin R Shenoy MD  
418 8th Avenue West  
Hendersonville, NC 28791

Schaumburg Fire Dept  
Department V PO Box 457  
Wheeling, IL 60090

Schaumburg TWP District Library  
130 S Roselle Road  
Schaumburg, IL 60193

Shivalingappa MD  
co ACC International  
919 Estates Court  
Schuamburg, IL 60193-4427

Spartanburg Radiological Assoc  
PO Box 60100  
Cas, SC 29419-0100

Spartanburg Regional Med Ctr  
101 E Wood Street  
Spartanburg, SC 29303-3072

Sprint PCS  
co Professional Credit Serv  
500 Bi-County Blvd Ste 350  
Farmingdale, NY 11735-3931

Sprint PCS  
PO Box 219718  
Kansas City, MO 64121-9718

St Anthony Hospital  
135 S LaSalle Dept 1849  
Chicago, IL 60674-1849

Sunstar  
PO Box 31074  
Tampa, FL 33631-3074

Superior Air Ground Amb Serv  
PO Box 1407  
Elmhurst, IL 60126

Texas Diagnostic Imaging  
PO Box 970336  
Dallas, TX 75397-0336

The Law Center  
4460 Corporation Lane Suite 306  
Virginia Beach, VA 23462  
File# 140354

The Miller Opthopaedic Clinic  
PO Box 651447  
Charlotte, NC 28265-1447

Trend Community MH Services  
800 Fleming Street  
Hendersonville, NC 28791

William Mollohan DO  
1551 Bond Steet Suite 127  
Naperville, IL 60563

Wolpoff & Abramson LLP  
Two Irvington Centre 702 King Farm Rd  
Rockville, MD 20850-5775

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In Re:  
**Gregory E Pierce**

Bankruptcy Case Number: \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: \_\_\_\_\_

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 9/28/2007

s/ Gregory E Pierce  
**Gregory E Pierce**

Debtor

Official Form 6 - Declaration (10/06)

In re Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 38 sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: 9/28/2007

Signature: s/ Gregory E Pierce  
Gregory E Pierce

Debtor

[If joint case, both spouses must sign]

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

(NOT APPLICABLE)



Official Form 6 - Statistical Summary (10/06)  
Form 6-Summ2 (Official Form ) - (10/06)

2006 USBC, Central District of California

**United States Bankruptcy Court**

Official Form 6 - Statistical Summary (10/06)

UNITED STATES BANKRUPTCY COURT – NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re \_\_\_\_\_  
Debtors

Case No. \_\_\_\_\_  
Chapter \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT**

In re _____ Debtor(s).	CHAPTER: CASE NO.:
Debtor(s):	Case No.: (If known) Chapter:

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

**AMENDED - STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

2006 USBC, Central District of California

**United States Bankruptcy Court**

Official Form 6 - Statistical Summary (10/06)

UNITED STATES BANKRUPTCY COURT – NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re \_\_\_\_\_  
Debtors

Case No. \_\_\_\_\_  
Chapter \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT**

In re _____ Debtor(s).	CHAPTER: CASE NO.:
Debtor(s):	Case No.: (If known) Chapter:

**State the following:**

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division

In re: **Gregory E Pierce**

Case No. \_\_\_\_\_

Chapter **7**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)	\$ <u>0.00</u>
4. Payroll Taxes	<u>0.00</u>
5. Unemployment Taxes	<u>0.00</u>
6. Worker's Compensation	<u>0.00</u>
7. Other Taxes	<u>0.00</u>
8. Inventory Purchases (Including raw materials)	<u>0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>0.00</u>
10. Rent (Other than debtor's principal residence)	<u>0.00</u>
11. Utilities	<u>0.00</u>
12. Office Expenses and Supplies	<u>0.00</u>
13. Repairs and Maintenance	<u>0.00</u>
14. Vehicle Expenses	<u>0.00</u>
15. Travel and Entertainment	<u>0.00</u>
16. Equipment Rental and Leases	<u>0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>0.00</u>
18. Insurance	<u>0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>0.00</u>
20. Payments to Be Made Directly By Debtor to Secured Creditors For	

Pre-Petition Business Debts (Specify):

**None**

21. Other (Specify):

**None**

22. Total Monthly Expenses (Add items 3 - 21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 0.00

Official Form 7  
(04/07)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division

In re: Gregory E Pierce Case No. \_\_\_\_\_  
Debtor (If known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
9,473.00	DSK Services Hizone Inc Bands Co.	2005
6,573.00	Family Landscaping & Treet Care Inc	2006
399.00	self-employment, snow plower	2007 to date

### 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None ☒

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT	AMOUNT
		PAID OR VALUE OF TRANSFERS	STILL OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT	AMOUNT
		PAID	STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

## 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	---	---

## 6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

## 7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

## 8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

## 9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Anderson &amp; Associates PC</b> <b>1701 E Woodfield #1050</b> <b>Schuamburg, IL 60173</b>	<b>09/2007</b>	<b>1800.00</b>

## 10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

## 11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

## 12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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## 13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

## 14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------



### 15. Prior address of debtor

None

☐

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
490 Bennett Elk Grove, IL	Gregory E Pierce	
Aurora	Gregory E Pierce	
717 Tipperary Schaumburg, IL	Gregory E Pierce	

### 16. Spouses and Former Spouses

None

☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None

☒

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

☒

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR  
DISPOSITION

## 18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/28/2007

Signature of Debtor s/ Gregory E Pierce  
**Gregory E Pierce**

Form 8  
(10/05)

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division**

In re: **Gregory E Pierce**  
Debtor

Case No. \_\_\_\_\_  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>None</b>					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>None</b>		

**s/ Gregory E Pierce**      **9/28/2007**  
**Gregory E Pierce**  
Signature of Debtor      Date

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**  
**Eastern Division**

Exhibit "C"

*[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]*

In re: **Gregory E Pierce**

Case No.:

Chapter: **7**

Debtor(s)

**Exhibit "C" to Voluntary Petition**

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

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2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

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Official Form 24  
(10/05)

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**  
**Eastern Division**

In re **Gregory E Pierce**,  
Debtor

Case No. \_\_\_\_\_  
Chapter **7**

**CERTIFICATION TO COURT OF APPEALS**  
**BY ALL PARTIES**

A notice of appeal having been filed in the above-styled matter on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, *[Names of all the appellants and all the appellees, if any]*, who are all the appellants [and all the appellees] hereby certify to the court under 28 U.S.C. § 158(d)(2)(A) that a circumstance specified in 28 U.S.C. § 158(d)(2) exists as stated below.

Leave to appeal in this matter ☐ is ☒ is not required under 28 U.S.C. § 158(a).

*[The certification shall contain one or more of the following statements, as is appropriate to the circumstances.]*

*Or*

*Or*

*[The parties may include or attach the information specified in Rule 8003(f)(3)(C).]*

Official Form 24, Cont'd.

Page 2

Signed: *[If there are more than two signatories, all must sign and provide the information requested below. Attach additional signed sheets if needed.]*

\_\_\_\_\_  
Attorney for Appellant (or Appellant,  
if not represented by an attorney)

**Jonathan G. Anderson**

\_\_\_\_\_  
Printed Name of Signer

**1701 E. Woodfield Road, Suite 1050**  
**Schaumburg, IL 60173**

\_\_\_\_\_  
Address

**(847) 995-9999**

\_\_\_\_\_  
Telephone No.

**9/28/2007**

\_\_\_\_\_  
Date

B 203  
(12/94)

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois  
Eastern Division

In re: Gregory E Pierce  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,800.00</u>
Prior to the filing of this statement I have received	\$	<u>1,800.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**representation of the debtor in adversary proceedings and other contested bankruptcy matters**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 9/28/2007

Jonathan G. Anderson, Bar No. 03128613

**Anderson & Associates, P.C.**  
Attorney for Debtor(s)

**United States Bankruptcy Court  
Northern District of Illinois  
Eastern Division**

In re Gregory E Pierce

Case Number  
Chapter

7

**STATEMENT OF MILITARY SERVICE**

The Servicemembers' Civil Relief Act of 2003, Pub. L. No. 108-189, provides for the temporary suspension of certain judicial proceedings or transactions that may adversely affect military servicemembers, their dependents, and others. Each party to a bankruptcy case who might be eligible for relief under the act should complete this form and file it with the Bankruptcy Court.

**IDENTIFICATION OF SERVICEMEMBER**

- ☐ Self (Debtor, Codebtor, Creditor, Other)  
☐ Non-Filing Spouse of Debtor (name) \_\_\_\_\_  
☐ Other (Name of servicemember) \_\_\_\_\_  
(Relationship of filer to servicemember) \_\_\_\_\_  
(Type of liability) \_\_\_\_\_

**TYPE OF MILITARY SERVICE**

U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration (specify type of service)

- ☐ Active Service since \_\_\_\_\_ (date)  
☐ Inductee - ordered to report on \_\_\_\_\_ (date)  
☐ Retired / Discharged \_\_\_\_\_ (date)

U.S. Military Reserves and National Guard

- ☐ Active Service since \_\_\_\_\_ (date)  
☐ Impending Active Service - orders postmarked \_\_\_\_\_ (date)  
Ordered to report on \_\_\_\_\_ (date)  
☐ Retired / Discharged \_\_\_\_\_ (date)

U.S. Citizen Serving with U.S. ally in war or military action (specify ally and war or action)

- ☐ Active Service since \_\_\_\_\_ (date)  
☐ Retired / Discharged \_\_\_\_\_ (date)

**DEPLOYMENT**

- ☐ Servicemember deployed overseas on \_\_\_\_\_ (date)  
Anticipated completion of overseas tour-of-duty \_\_\_\_\_ (date)

**SIGNATURE**

s/ Gregory E Pierce

9/28/2007

Gregory E Pierce

Date

(print name)



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Gregory E Pierce**

Case No.

Debtor.

Chapter **7**

**Debtor's Statement of Special Circumstances**

I hereby certify under penalty of perjury that the Debtor's Statement of Special Circumstances is true, correct and complete to the best of my knowledge.

Dated: **9/28/2007**

**s/ Gregory E Pierce**  
**Gregory E Pierce**

Document Page 90 of 95  
**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**  
**Eastern Division**

In re **Gregory E Pierce**

Case No.

Debtor.

Chapter **7**

**Notice to Trustee of Special Circumstances**

Dear

Please be advised that I represent **Gregory E Pierce**. According to the calculations required by the Statement of Current Monthly Income and Means Test Calculation, the debtor checked the box on page 1 of the form indicating that a presumption of abuse arises in this matter. To rebut this presumption, I am writing to provide you with information supporting the debtor's claim of special circumstances that justify additional expenses and/or adjustments of current monthly income, and/or to provide documentation for expense items that should be deducted from my client's current monthly income pursuant to § 707(b)(2)(A)(ii)(I).

**Adjustments of Current Monthly Income**

On Line 12 of Official Form B22A, the debtor stated that his current monthly income is **\$0.00**, based on the definition provided in section 101(10A) of the Code. However, this amount includes income that the debtor did not actually have at the time his petition was filed, and which the debtor does not currently have. I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that the debtor's actual monthly income is \$ . I am also enclosing copies of my client's recent payment advices showing his actual income.

**Additional Expenses**

On Line of Official Form B22A, the debtor listed an expense amount of \$ based on the Internal Revenue Service National or Local Standard for .  
I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that the debtor's actual monthly expense for this item is \$ , and that this expense is necessary and reasonable. I am also enclosing documentation for this expense.

In Part VII of Official Form B22A, the debtor listed the following additional expenses: .  
The debtor listed these items as a monthly expense amount of **\$0.00**, though this amount was not deducted from his current monthly income for purposes of determining the § 707(b)(2) presumption. I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that these monthly expenses are required for the health and welfare of the debtor and the debtor's family or for the production of the debtor's income. I am also enclosing documentation for these expense items.

If the additional expenses or adjustments to income referred to above are considered in applying the means test, a presumption of abuse no longer arises in this case. Accordingly, my client requests that in lieu of filing a motion to dismiss or convert this chapter 7 case under § 707(b), you file a statement with the court, for the reasons set forth above, that such a motion is not appropriate. If you are in need of any additional information or documentation, please contact me.

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**Jonathan G. Anderson**  
Attorney for Debtor(s)

B 201 (04/09/06)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Jonathan G. Anderson**

Printed Name of Attorney

**9/28/2007**

Signature of Attorney

Date

Address:

**Anderson & Associates, P.C.  
1701 E. Woodfield Road, Suite 1050  
Schaumburg, IL 60173**

**(847) 995-9999**

**Certificate of the Debtor**

I, the debtor, affirm that I have received and read this notice.

**Gregory E Pierce**

Printed Name of Debtor

**Xs/ Gregory E Pierce**

**Gregory E Pierce**

Signature of Debtor

**9/28/2007**

Date

Case No. (if known) \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re **Gregory E Pierce**

Case No.

Debtor.

Chapter **7**

**STATEMENT OF MONTHLY NET INCOME**

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor
Six months ago	<u>\$0.00</u>
Five months ago	<u>\$0.00</u>
Four months ago	<u>\$0.00</u>
Three months ago	<u>\$0.00</u>
Two months ago	<u>\$0.00</u>
Last month	<u>\$0.00</u>
Income from other sources	<u>\$0.00</u>
Total net income for six months preceding filing	<u>\$ 0.00</u>
<b>Average Monthly Net Income</b>	<u>\$ 0.00</u>

Attached are all payment advices received by the undersigned debtor prior to the petition date, I declare under penalty of perjury that I have read the foregoing statement and that it is true and correct to the best of my knowledge, information, and belief.

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Dated: 9/28/2007

s/ Gregory E Pierce

**Gregory E Pierce**

Debtor

UNITED STATES BANKRUPTCY COURT		Document Page 94 of 95	PROOF OF CLAIM
Name of Debtor		Case Number	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Name and address where notices should be sent:  Telephone number:		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Last four digits of account number or other number by which creditor identifies debtor:		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1. Basis for Claim</b>  <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____             </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, Salaries and compensations (Fill out below)                 Last four digits of SS #: _____                Unpaid compensation for services performed from _____ to _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(date)</span> <span>(date)</span> </div> </div> </div>			
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>	
<div style="display: flex;"> <div style="width: 45%;"> <b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   <b>Unsecured Nonpriority Claim</b> \$ _____  <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   <b>Unsecured Priority Claim.</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.                Amount entitled to priority \$ _____                 Specify the priority of the claim:   <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).             </div> <div style="width: 55%;"> <b>Secured Claim.</b>  <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).                 Brief Description of Collateral:  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Real Estate               <input type="checkbox"/> Motor Vehicle             </div> <input type="checkbox"/> Other _____                Value of Collateral: \$ _____                Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <u>0.00</u> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5. Total Amount of Claim at Time Case Filed:</b> \$ _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.             </div> <div style="width: 55%; font-size: small;"> <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)                 *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.             </div> </div>			
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
Date		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):	

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

### --- DEFINITIONS ---

#### **Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

#### **Creditor**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

#### **Proof of Claim**

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

#### **Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

#### **Unsecured Claim**

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

#### **Unsecured Priority Claim**

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

### Items to be completed in Proof of Claim form (if not already filled in)

#### **Court, Name of Debtor, and Case Number:**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

#### **Information about Creditor:**

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

#### **1. Basis for Claim:**

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

#### **2. Date Debt Incurred:**

Fill in the date when the debt first was owed by the debtor.

#### **3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

#### **4. Classification of Claim** **Secured Claim:**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the

amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

#### **Unsecured Priority Claim:**

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

#### **Unsecured Nonpriority Claim:**

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount not entitled to priority.

#### **5. Total Amount of Claim at Time Case Filed:**

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

#### **6. Credits:**

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

#### **7. Supporting Documents:**

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.